Wisconsin Child Care Regulatory System

CRAWFORD County LICENSED Child Care Directory as of 2/4/17

| Facility Name | CAROLS DAYCARE | Contact | TRAUTSCH, CAROL J | Full Time | Υ | |
|-----------------|----------------------------------|------------------------|-------------------|---------------------|------------------------------------|--|
| Address | 25050 State Hwy 27 | Phone # | 608-874-4102 | LICENSED Capacity 8 | | |
| | Eastman, Wi 54626 | LICENSED Date | 07/20/2002 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) | |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) | |
| Facility ID | 1011668 | Hours | 05:30 AM-05:30 PM | Star Level | Unknown | |
| Provider Number | 1000573601 | Location Number | 001 | | | |
| Facility Name | COUNTRY CARING CENTER | Contact | RAY, DAWN R | Full Time | Υ | |
| Address | 802 West Ave | Phone # | 608-734-3232 | LICENSED Capac | city 8 | |
| | Seneca, Wi 54654 | LICENSED Date | 01/06/2001 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) | |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) | |
| Facility ID | 1003727 | Hours | 06:00 AM-06:00 PM | Star Level | Unknown | |
| Provider Number | 9000572549 | Location Number | 001 | | | |
| Facility Name | DEBBIE'S LITTLE CHUGGERS DAYCARE | Contact | WALZ, DEB | Full Time | Υ | |
| Address | 1404 S 15th St | Phone # | 608-326-6093 | LICENSED Capacity 8 | | |
| | Pr Du Chien, Wi 53821-2840 | LICENSED Date | 05/23/2005 | From Age | 0 Year(s), 0 Month(s), 3 Week(s) | |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) | |
| Facility ID | 1008735 | Hours | 05:30 AM-05:30 PM | Star Level | Unknown | |
| Provider Number | 0000579640 | Location Number | 001 | | | |
| Facility Name | JEST FOR KIDS CHILD CARE CENTER | Contact | STUBBE, RHONDA S | Full Time | Υ | |
| Address | 328 N Beaumont Rd | Phone # | 608-326-4568 | LICENSED Capacity 8 | | |
| | Pr Du Chien, Wi 53821-1407 | LICENSED Date | 08/06/2000 | From Age | 0 Year(s), 0 Month(s), 1 Week(s) | |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) | |
| Facility ID | 131210 | Hours | 05:30 AM-05:30 PM | Star Level | 2 Stars | |
| Provider Number | 1000557161 | Location Number | 001 | | | |
| Facility Name | MINNIE'S LITTLE ANGELS | Contact | WENTZ, MELINDA R | Full Time | Υ | |
| Address | 1201 S 11th St | Phone # | 608-723-9016 | LICENSED Capac | city 8 | |
| | Pr Du Chien, Wi 53821-2520 | LICENSED Date | 10/01/2006 | From Age | 0 Year(s), 0 Month(s), 4 Week(s) | |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 11 Year(s), 11 Month(s), 0 Week(s) | |
| Facility ID | 2002216 | Hours | 06:00 AM-06:00 PM | Star Level | 2 Stars | |
| Provider Number | 4000578994 | Location Number | 002 | | | |

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| Facility Name | MY SILLY GOOSE CHILD CARE | Contact | WILSON, ERIKA C | Full Time | Υ |
|-----------------|--|------------------------|-------------------|---------------------|------------------------------------|
| Address | 48538 Hagar Hollow Rd Gays Mills, Wi 54631-6260 | Phone # | 608-735-4302 | LICENSED Capacity 8 | |
| | | LICENSED Date | 09/21/2007 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 11 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1013337 | Hours | 05:00 AM-05:00 PM | Star Level | 2 Stars |
| Provider Number | 7000582997 | Location Number | 001 | | |
| Facility Name | NOAH'S ARK FAMILY DAYCARE | Contact | MORIS, NORA J | Full Time | Y |
| Address | 921 S Beaumont Rd | Phone # | 608-326-6974 | LICENSED Capacit | y 8 |
| | Pr Du Chien, Wi 53821-2220 | LICENSED Date | 08/06/2000 | From Age | 0 Year(s), 0 Month(s), 4 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 10 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 131240 | Hours | 05:30 AM-05:30 PM | Star Level | 2 Stars |
| Provider Number | 0000556980 | Location Number | 001 | | |
| Facility Name | SUE'S KIDS KOUNTRY KLUB | Contact | HOEGER, CYNTHIA S | Full Time | Υ |
| Address | 63849 Meadow Ln | Phone # | 608-326-4609 | LICENSED Capacity 6 | |
| | Pr Du Chien, Wi 53821-8029 | LICENSED Date | 05/24/1997 | From Age | 0 Year(s), 2 Month(s), 0 Week(s) |
| Category | LICENSED FAMILY | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 131219 | Hours | 06:30 AM-05:00 PM | Star Level | Unknown |
| Provider Number | 3000556983 | Location Number | 001 | | |

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| Facility Name | CROSSING RIVERS HEALTH CHILD CARE | Contact | VALLEY, MARI BETH | Full Time | Υ |
|-------------------|---|------------------------|----------------------------|----------------------------|---|
| Address | 426 N Beaumont Rd Pr Du Chien, Wi 53821-1210 | Phone # | 608-357-2090 | LICENSED Capacity 64 | |
| | | LICENSED Date | 05/28/1997 | From Age | 0 Year(s), 0 Month(s), 6 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 11 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 120650 | Hours | 06:30 AM-05:30 PM | Star Level | 2 Stars |
| Provider Number | 9000557119 | Location Number | 001 | | |
| Facility Name | DISCOVERY ON DOUSMAN CHILDCARE | Contact | WAGNER, BRENDA | Full Time | Υ |
| Address | 107 N Dousman St Wauzeka, Wi 53826 | Phone # | 608-875-5437 | LICENSED Capacity 26 | |
| | | LICENSED Date | 08/06/2000 | From Age | 0 Year(s), 0 Month(s), 4 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 12 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 120782 | Hours | 05:00 AM-06:00 PM | Star Level | 3 Stars |
| Provider Number | 4000563944 | Location Number | 001 | | |
| Facility Name | GRACE LUTHERAN PRESCHOOL | Contact | BAHLMANN, DEBBIE | Full Time | - |
| Address | 1515 S 15th St Pr Du Chien, Wi 53821-3000 | Phone # | 608-326-4899 | LICENSED Capacity | 16 |
| | | LICENSED Date | 09/07/2004 | From Age | 2 Year(s), 6 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | Sep-Jun | To Age | 5 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1008244 | Hours | 07:00 AM-05:00 PM | Star Level | 2 Stars |
| Provider Number | 6000577846 | Location Number | 001 | | |
| Facility Name | HEAD START PRAIRIE DU CHIEN CENTER | Contact | AMUNDSON, MARCIA | Full Time | - |
| Address | 116 E Broadway St Pr Du Chien, Wi 53821-2431 | Phone # | 608-326-6606 | LICENSED Capacity | 18 |
| | | LICENSED Date | 09/01/2004 | From Age | 3 Year(s), 0 Month(s), 0 Week(s) |
| Category | LICENSED GROUP | Months | Jan-Dec | To Age | 5 Year(s), 11 Month(s), 0 Week(s) |
| Facility ID | 1008257 | Hours | 08:00 AM-03:30 PM | Star Level | 5 Stars |
| Provider Number | 0000577800 | Location Number | 007 | | |
| Facility Name | IN THE BEGINNING DAYCARE | Contact | COLLINS, KRISTIN | Full Time | Υ |
| Address | | | | | |
| Address | 403 E Cass St | Phone # | 608-326-0899 | LICENSED Capacity | 50 |
| Address | 403 E Cass St Pr Du Chien, Wi 53821-2016 | Phone # LICENSED Date | 608-326-0899 05/29/2015 | LICENSED Capacity From Age | 500 Year(s), 0 Month(s), 0 Week(s) |
| Address Category | | | | | |
| | Pr Du Chien, Wi 53821-2016 | LICENSED Date | 05/29/2015 | From Age | 0 Year(s), 0 Month(s), 0 Week(s) |